

HIGH TECH

MARSEILLE

29-31
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2025

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PALAIS DU PHARO

WWW.HIGHTECH-CARDIO.ORG



J'AURAIS AIMÉ QU'ON M'EN PARLE AVANT

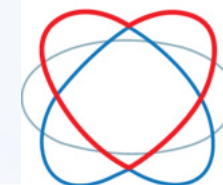
Dissection ostiale iatrogène

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Cardiologie Médicale
et Interventionnelle
SAINT-AUGUSTIN

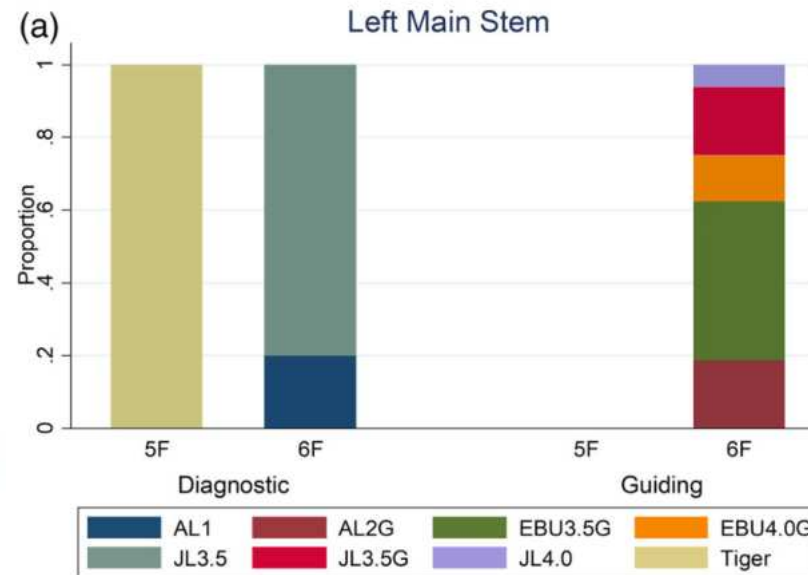
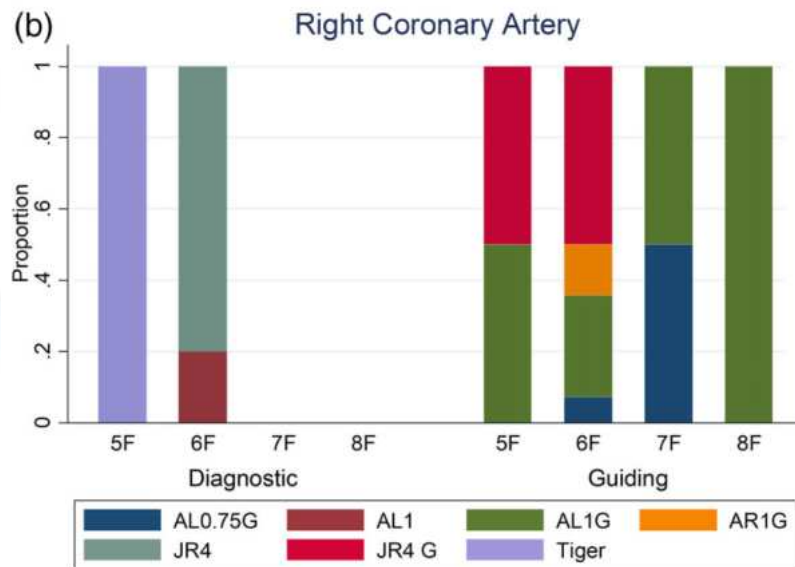
CONFLITS D'INTÉRÊTS

Dr Nicolas Boudou

Proctoring: Terumo, Asahi Intecc, Terumo, Boston SC

Iatrogenic catheter-induced ostial coronary artery dissections: Prevalence, management, and mortality from a cohort of 55,968 patients over 10 years

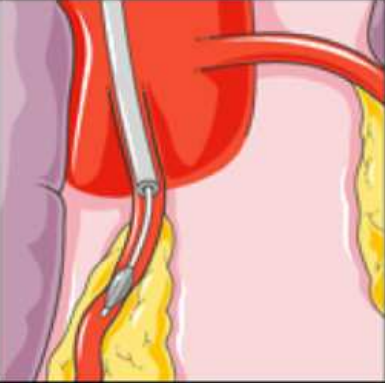
Rare. Prevalence 0,09%. → 75% par cathéter guide



Cathéter guide non coaxial, agressif (coronaire droite : AL; coronaire gauche : EBU, AL++).

→ Facteurs favorisants:

- Cathétérisme difficile: anomalies de naissance, tortuosités, lésion ostio-proximale.
- Intubation, extension de cathéter. Injection vigoureuse (pression bloquée).
- Ballon, rupture de ballon.

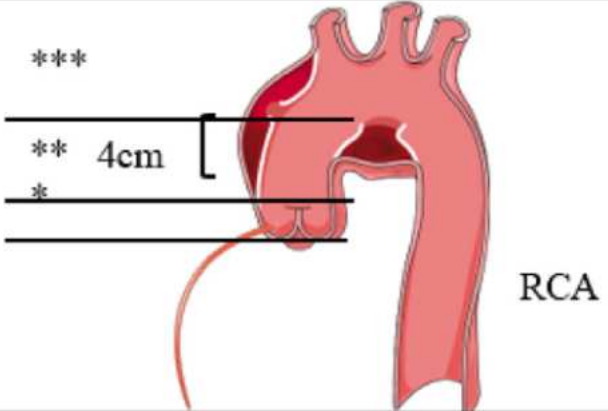
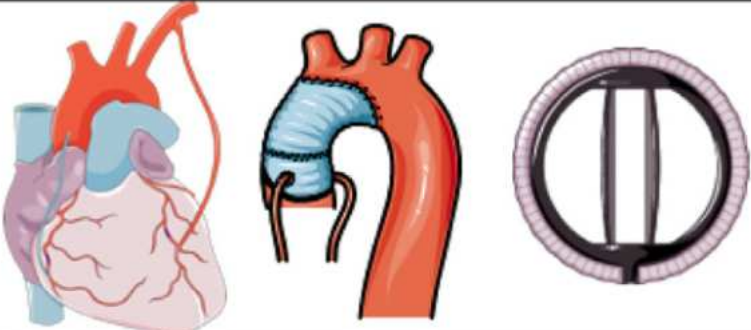
Causes	
Catheter manipulation Contrast injection Guidewire Guide catheter extension Balloon/Stent inflation Any combination	

Dissection coronaire avec extension aortique

Proposed classification	Extension of the dissection in the aortic root
Class I	Limited to the corresponding sinus of Valsalva
Class II	Extension in the aorta less than 40 mm
Class III	Extension in the aorta greater than 40 mm

Traitement: conservateur, stent, chirurgie?

→ Le plus souvent stenting de la porte d'entrée et gestion de la coronaropathie

Dissection extent	
In situ distal coronary artery In situ proximal coronary artery In situ distal and proximal coronary artery *Dunning class I **Dunning class II ***Dunning class III +/- Coronary perforation	
Management	
Conservative Entry flap (proximal-ostial) stenting Covered stent CABG Entry flap stenting + Aortic repair CABG + Aortic repair CABG + Aortic repair + AVR	

CABG, coronary artery bypass grafting; AVR, aortic valve replacement

Chirurgie?

A discuter:

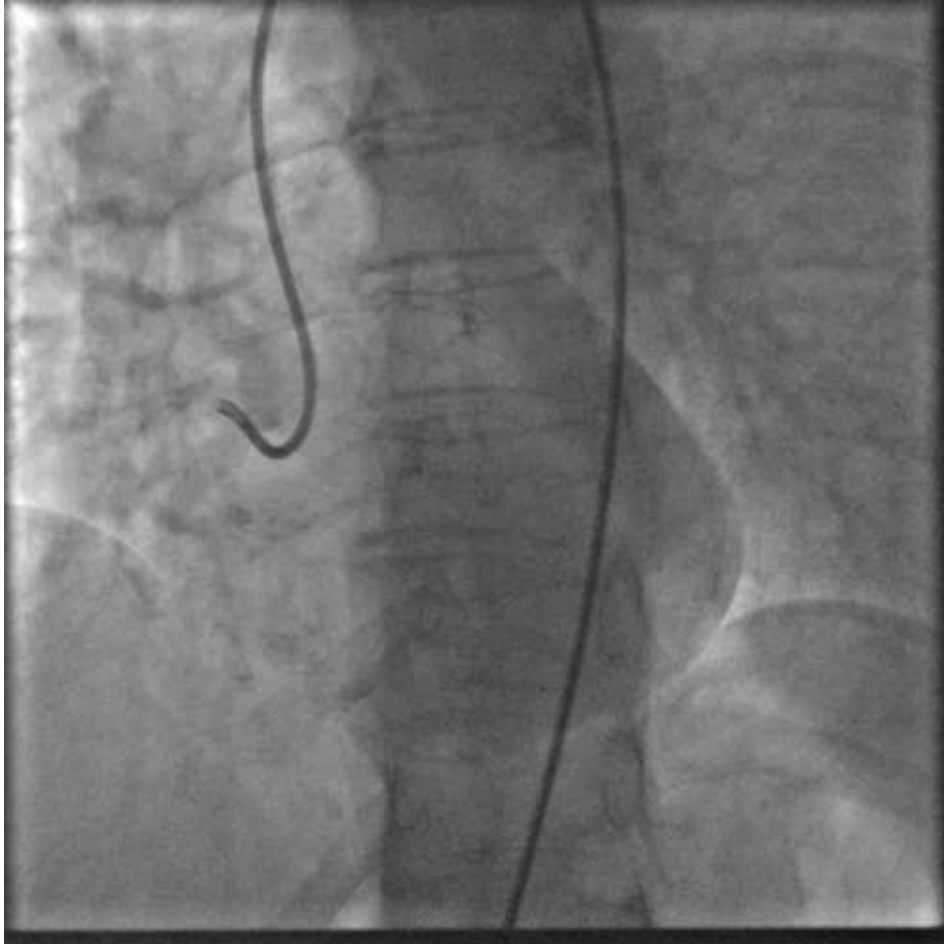
- Dissection aortique Dunning classe III: > 40 mm, extensive, non stagnation du contraste.
- Occlusion coronaire, perfusion coronaire compromise, échec d'angioplastie.
- Instabilité non contrôlée (hémodynamique / hémopéricarde).

Stratégies d'angioplastie

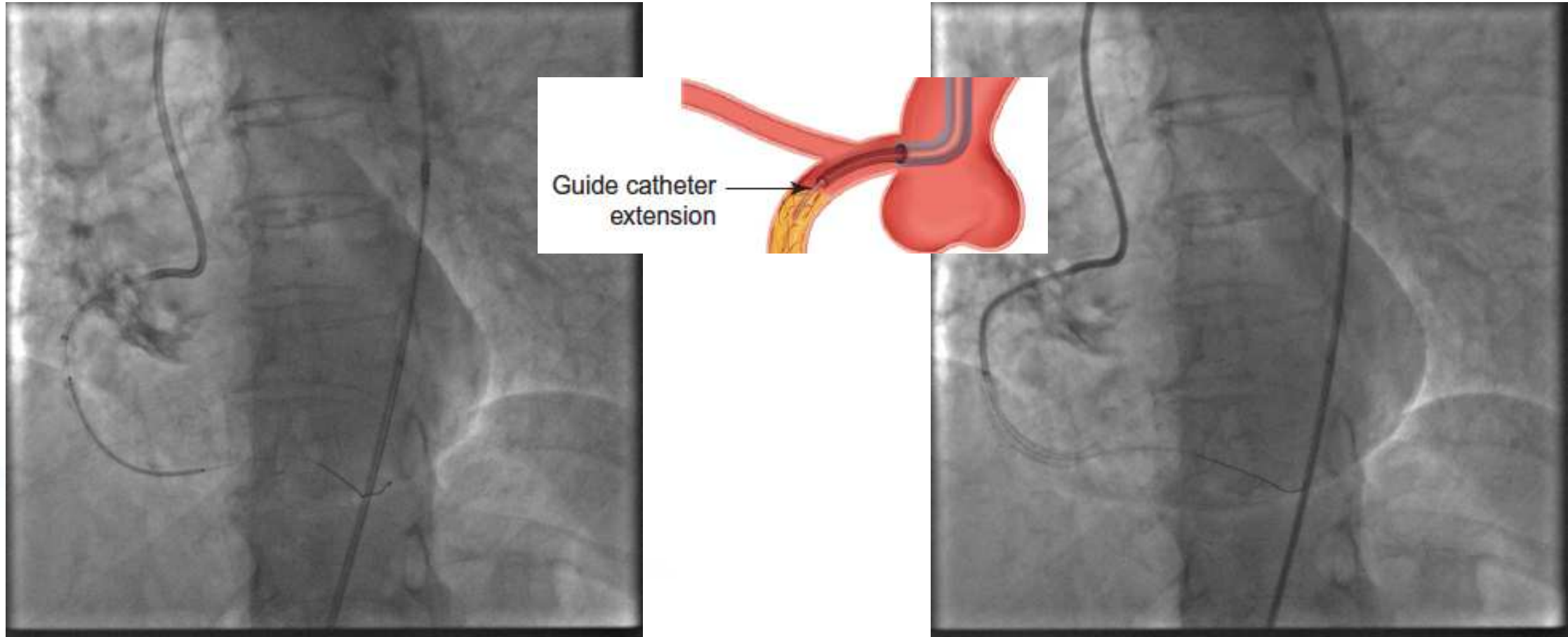
- **Appel d'un ami ++++++**
- **Cathéter guide:** moins agressif, à distance de la porte d'entrée.
- **Echo cœur, selon hémodynamique:** péricarde?
- **Dissection avec ou sans guidewire intra coronaire?**

Dissections après mise en place du guidewire

Angioplastie et dissection ostio-proximale: cas 1

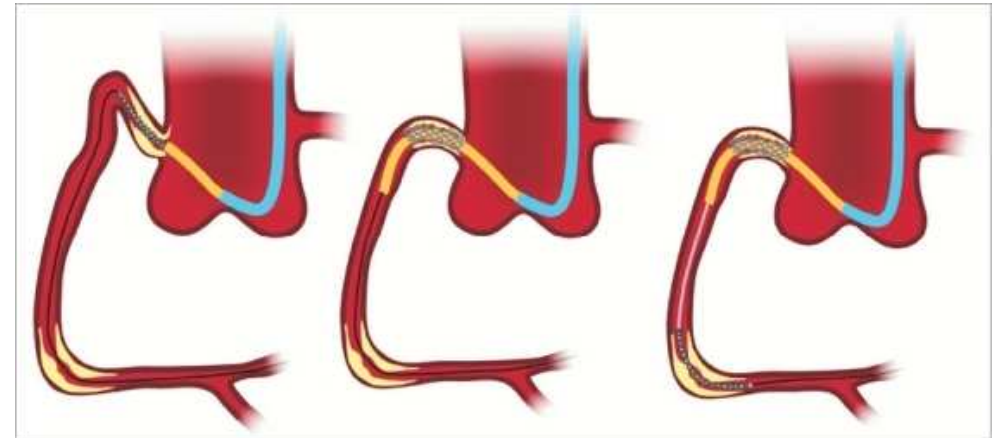


Angioplastie et dissection ostio-proximale: cas 1



- **Guidewire en aval de la lésion et de la dissection**
- **Stagnation du contraste (dissection contenue)**

Angioplastie et dissection ostio-proximale: cas 1

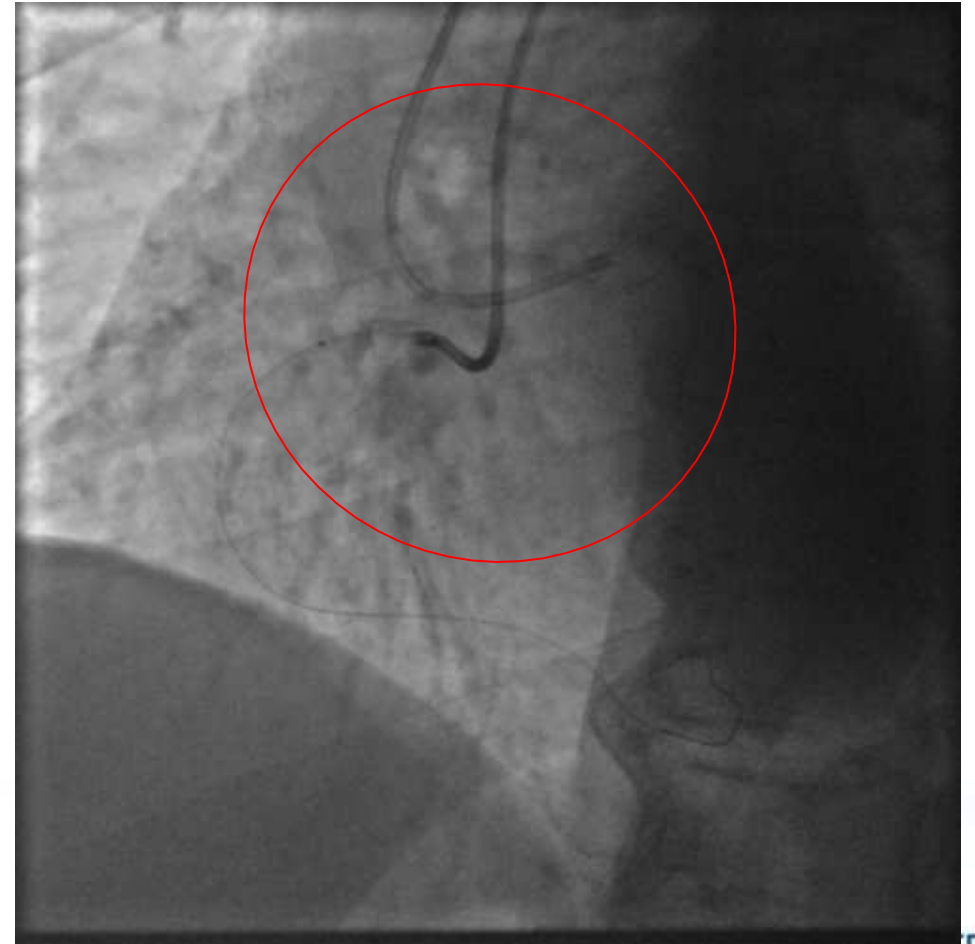
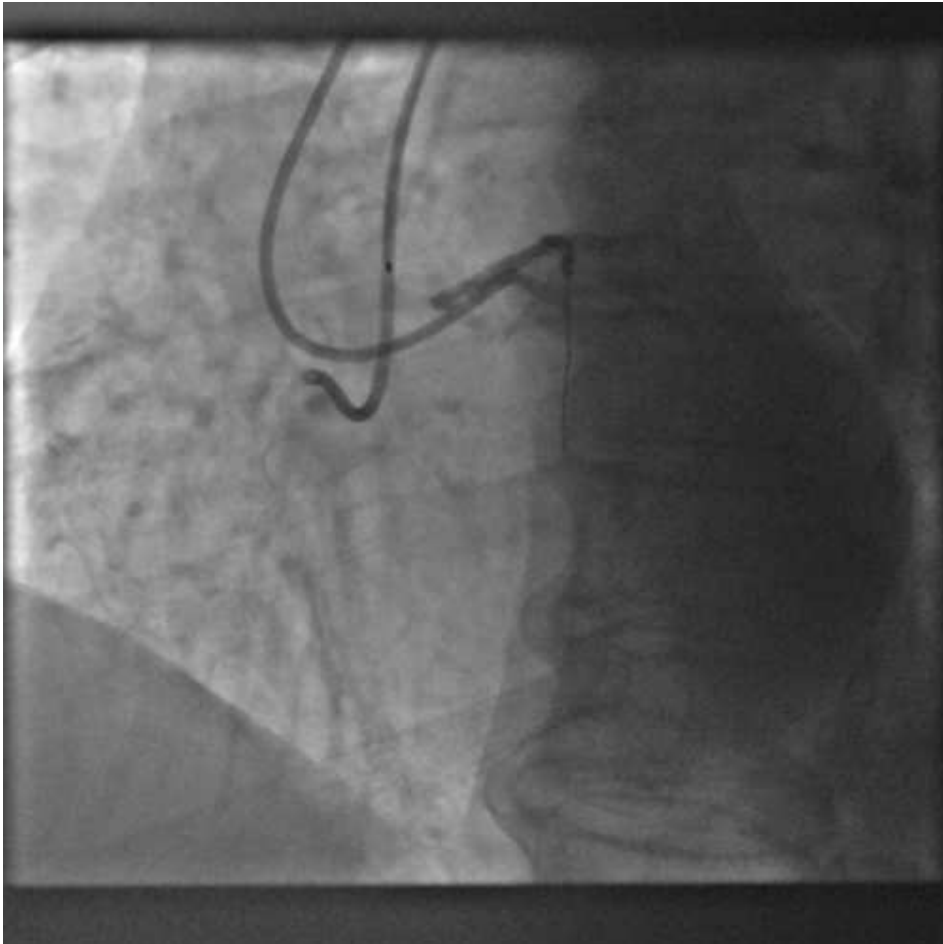


Guide catheter extensions: where are they taking us? ■

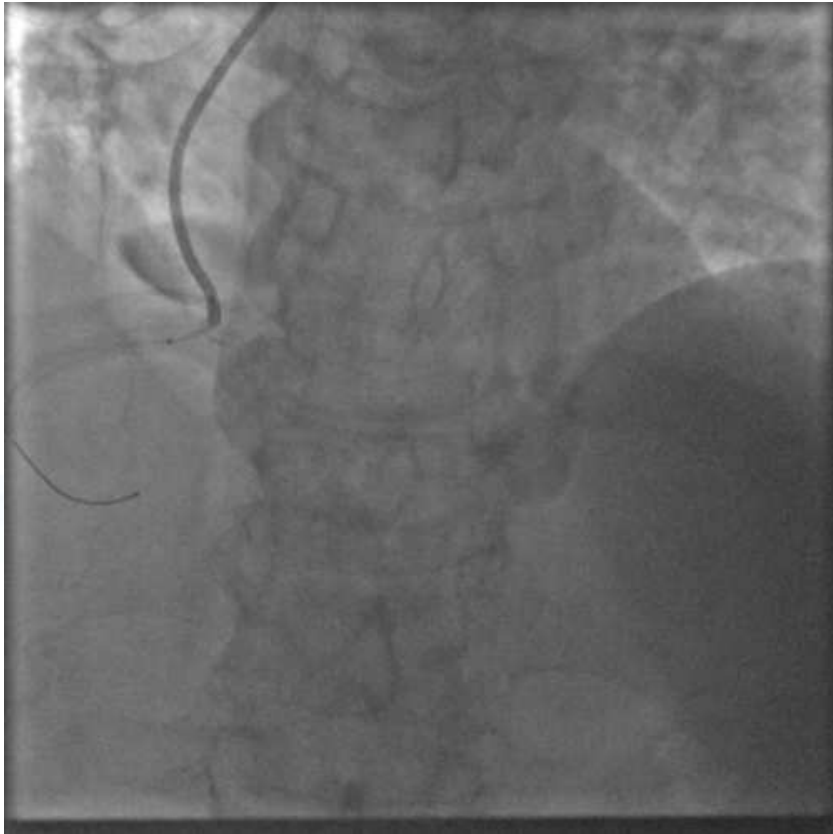
EuroIntervention 2012;8:299-301

Angioplastie et dissection ostio-proximale : cas 2

Dissection para ostiale en « montgolfière »



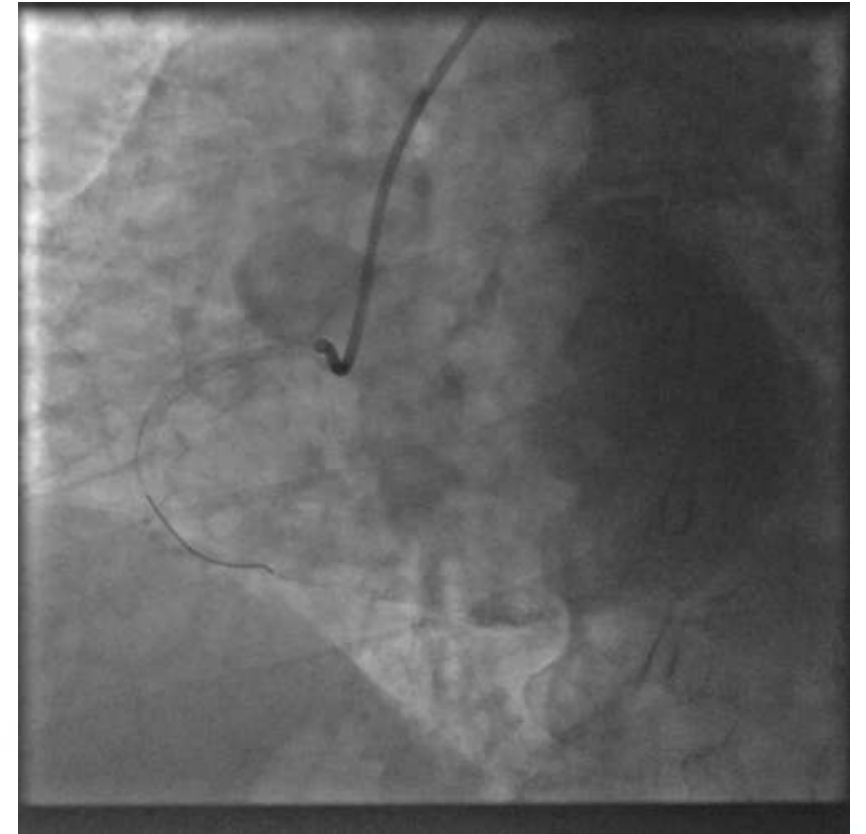
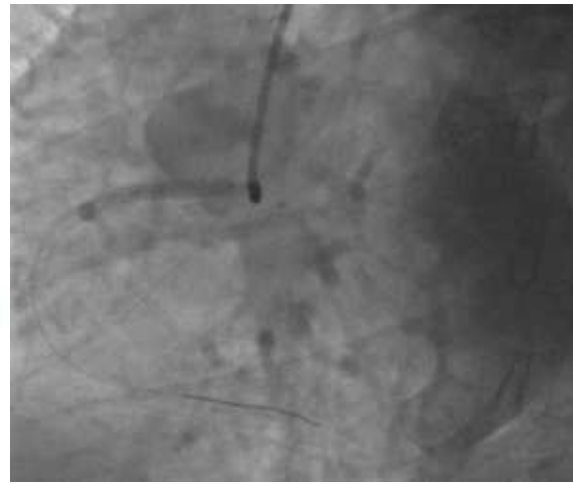
Angioplastie et dissection ostio-proximale : cas 2



Porte d'entrée résiduelle?
Hémopéricarde ?



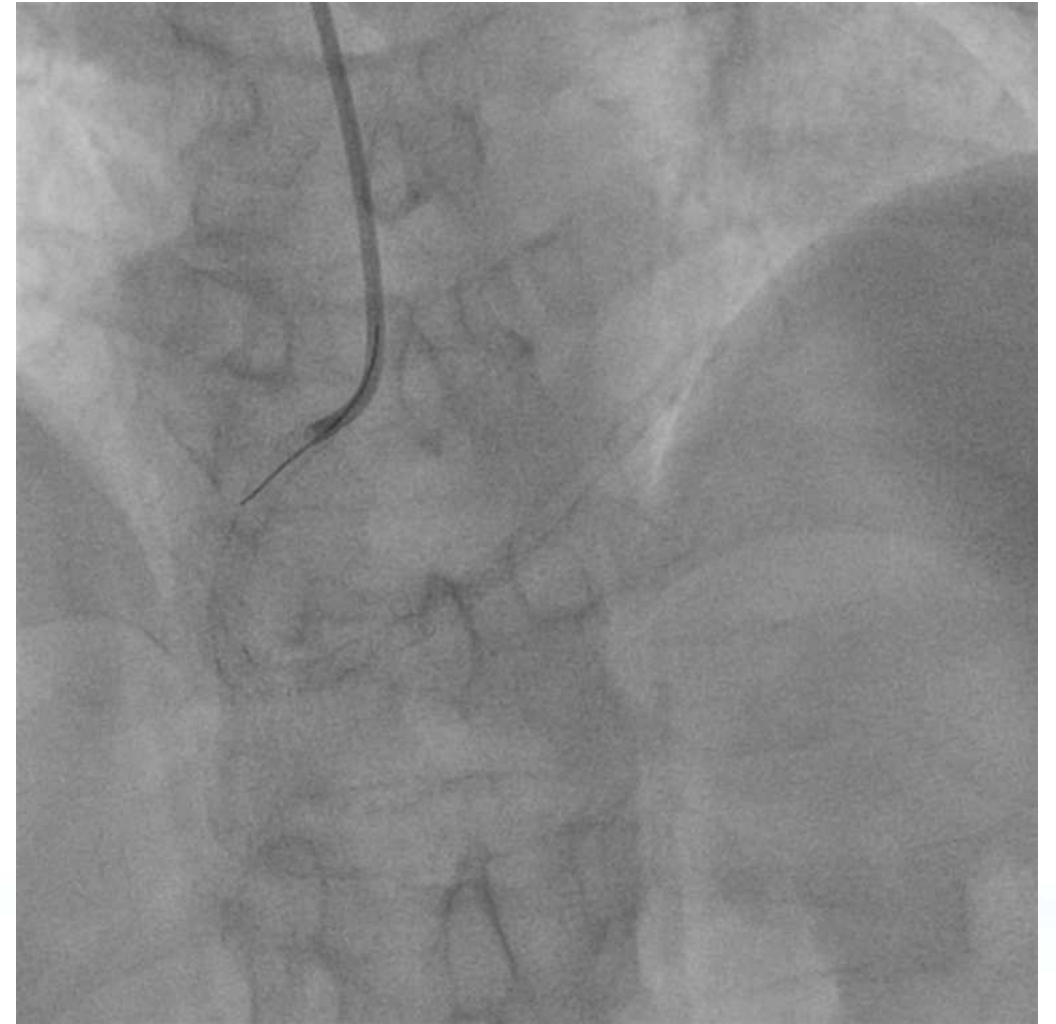
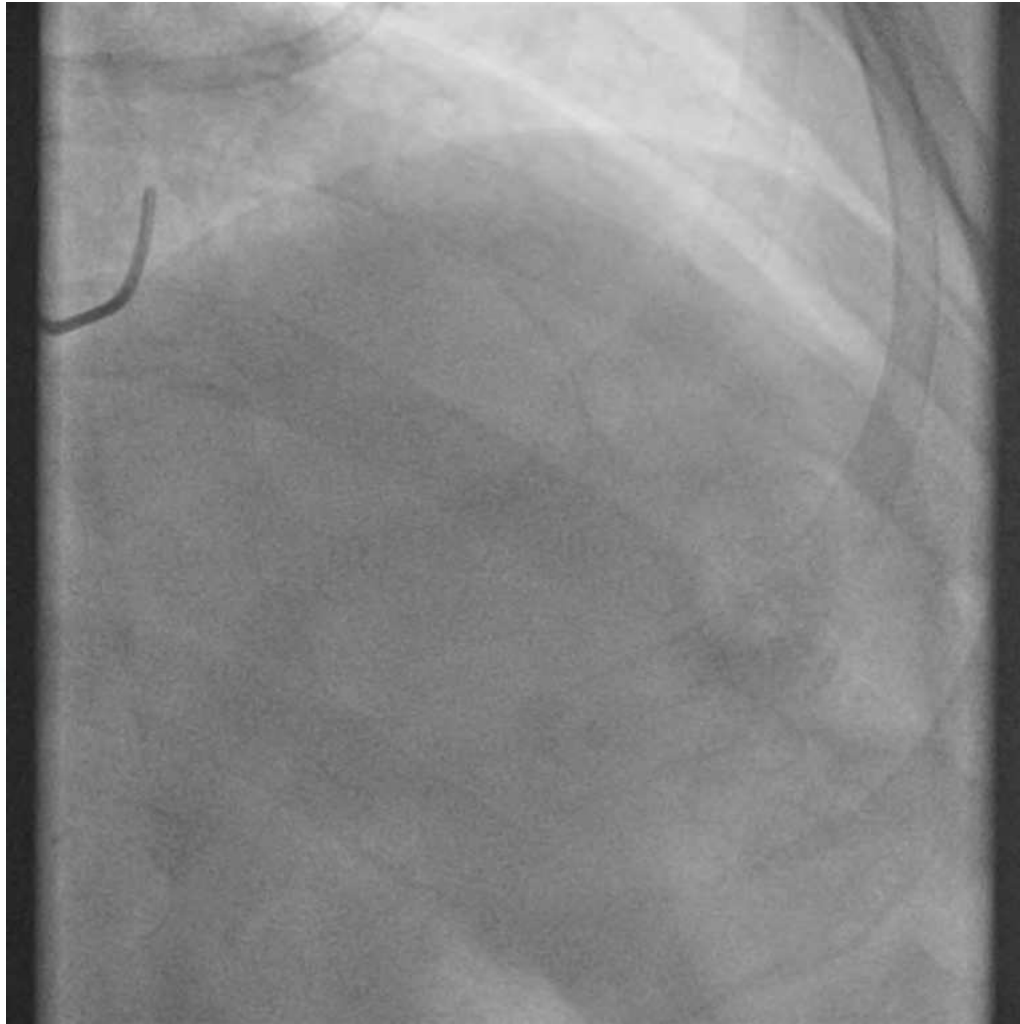
Stent couvert



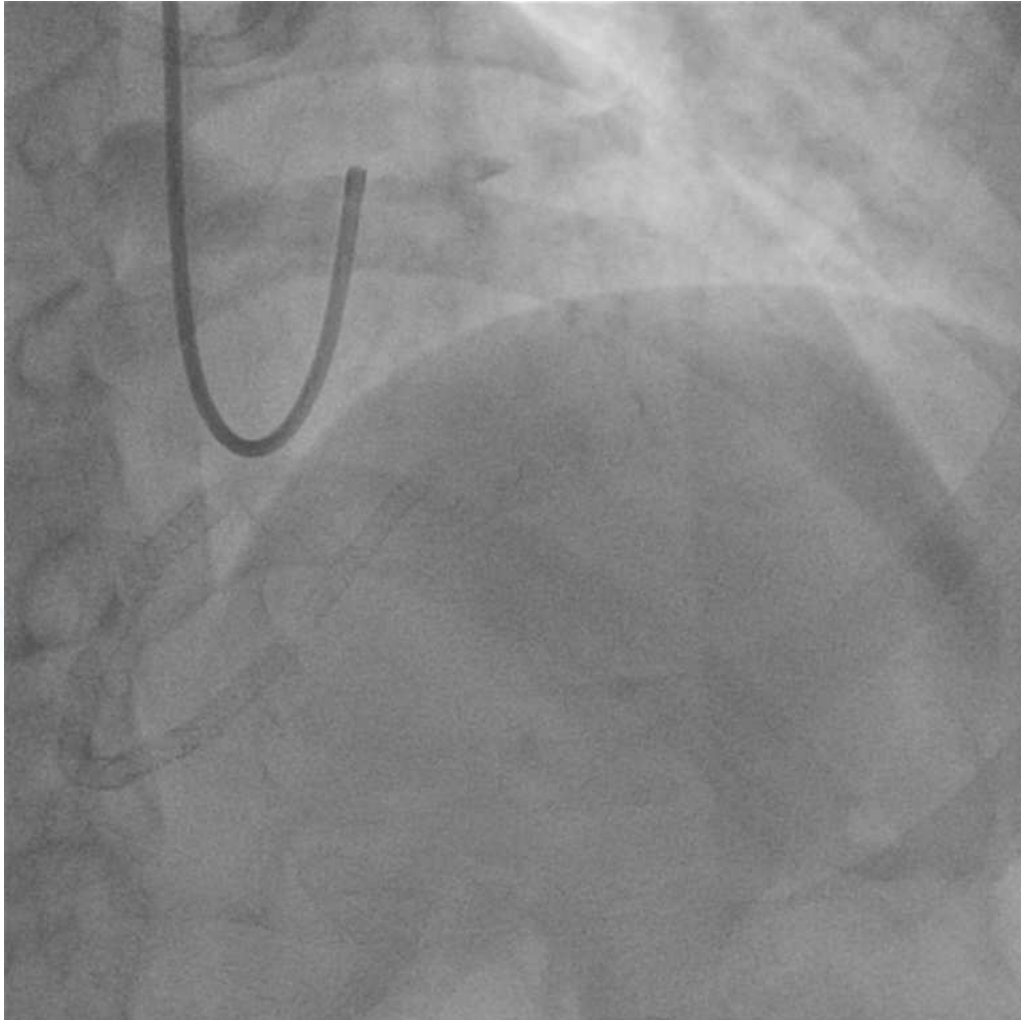
Final

Dissections sans guidewire intra coronaire

Angioplastie et dissection ostio-proximale sans guide : cas 1

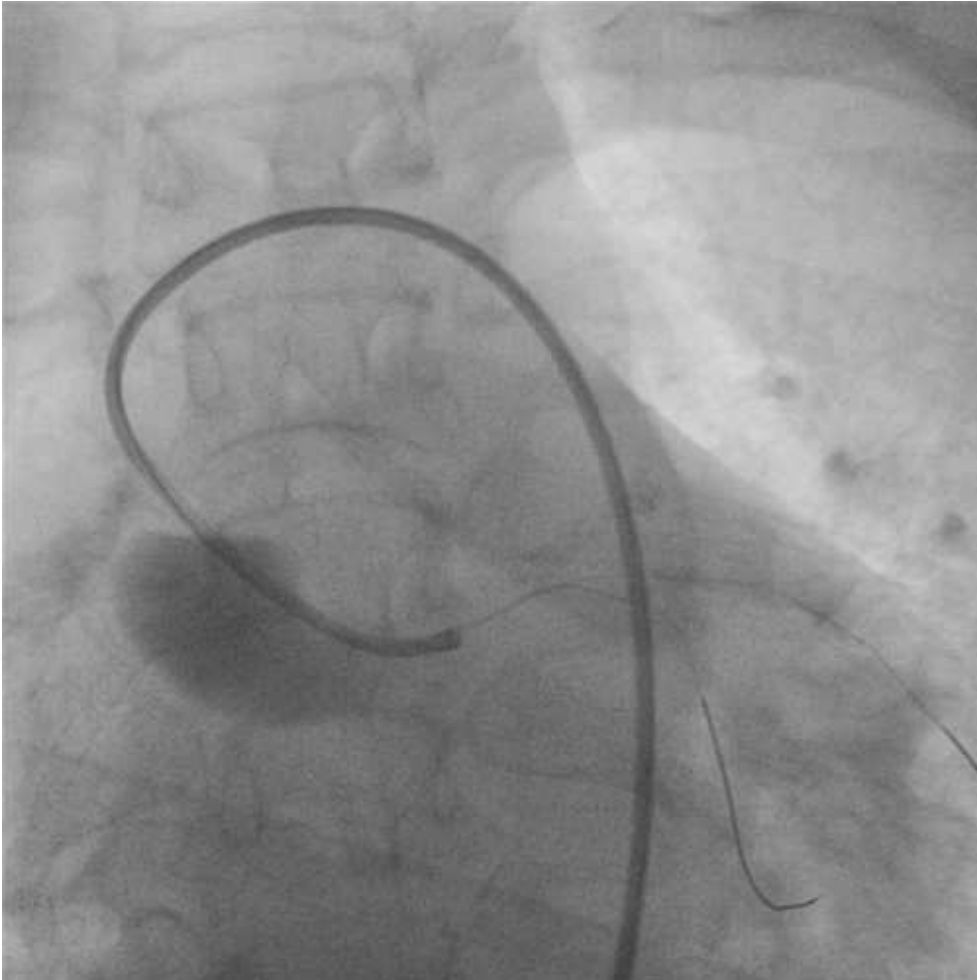


Angioplastie et dissection ostio-proximale sans guide : cas 1



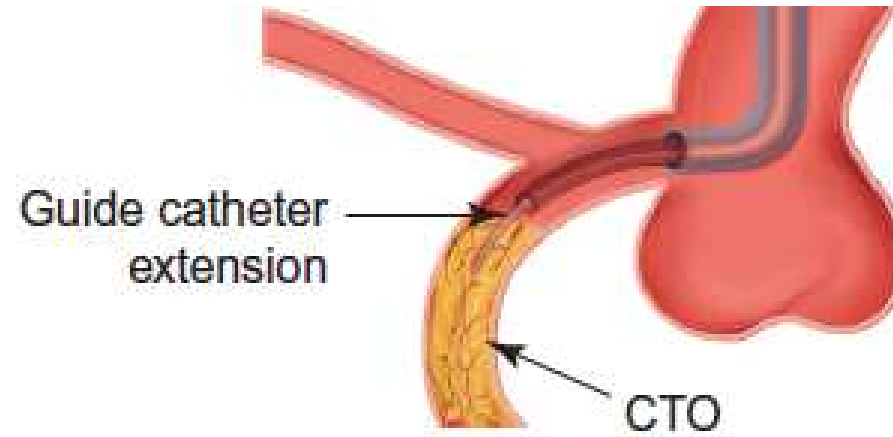
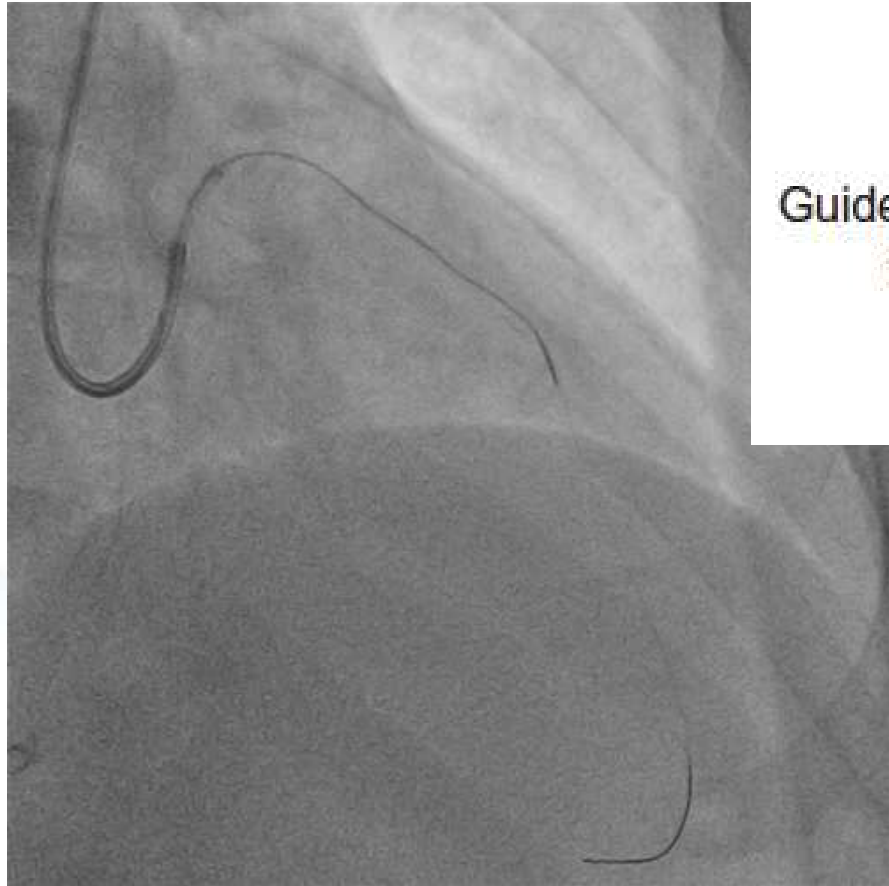
Analyse angiographique, collatérales

Angioplastie et dissection ostio-proximale sans guide : cas 1

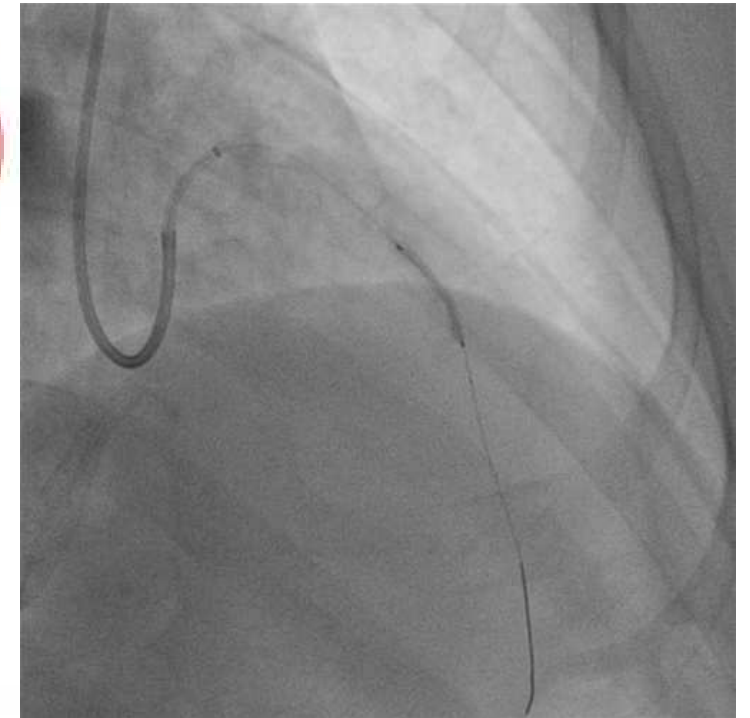


- **Bonne tolérance clinique. Stagnation du contraste**
- **Dissection ostiale, toit du tronc commun/ EBU**
- **Changement de catheter guide: JL**
 - coaxial/ tronc commun
 - Incidences: caudal, cranial,...
- **Guidewire: face inférieure TCG, vers Cx**

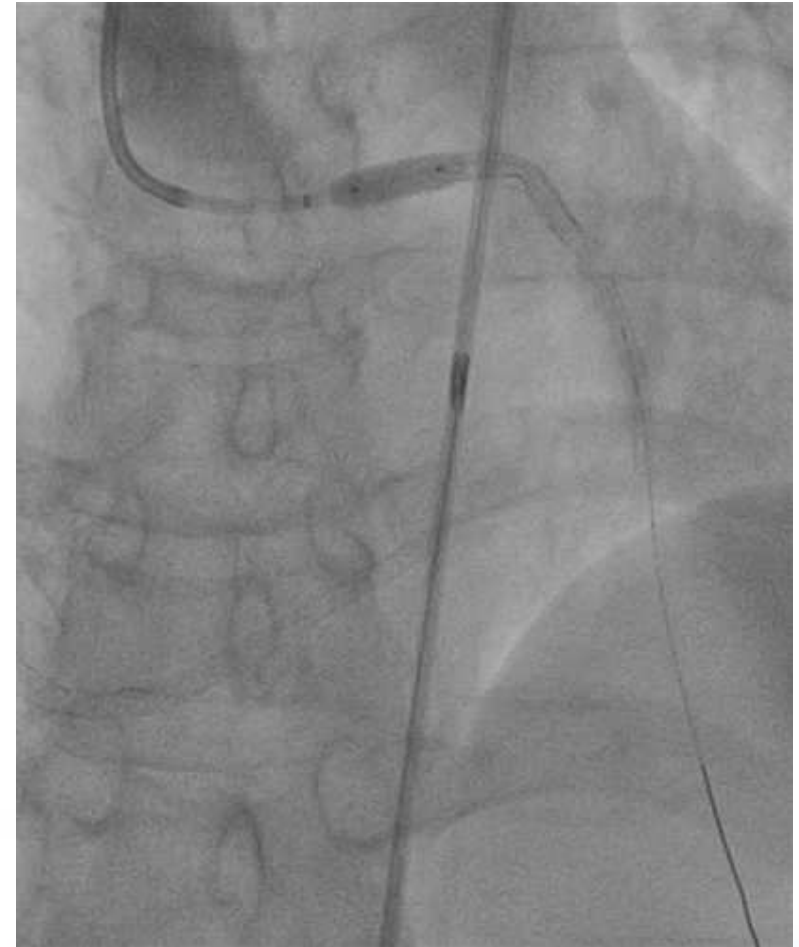
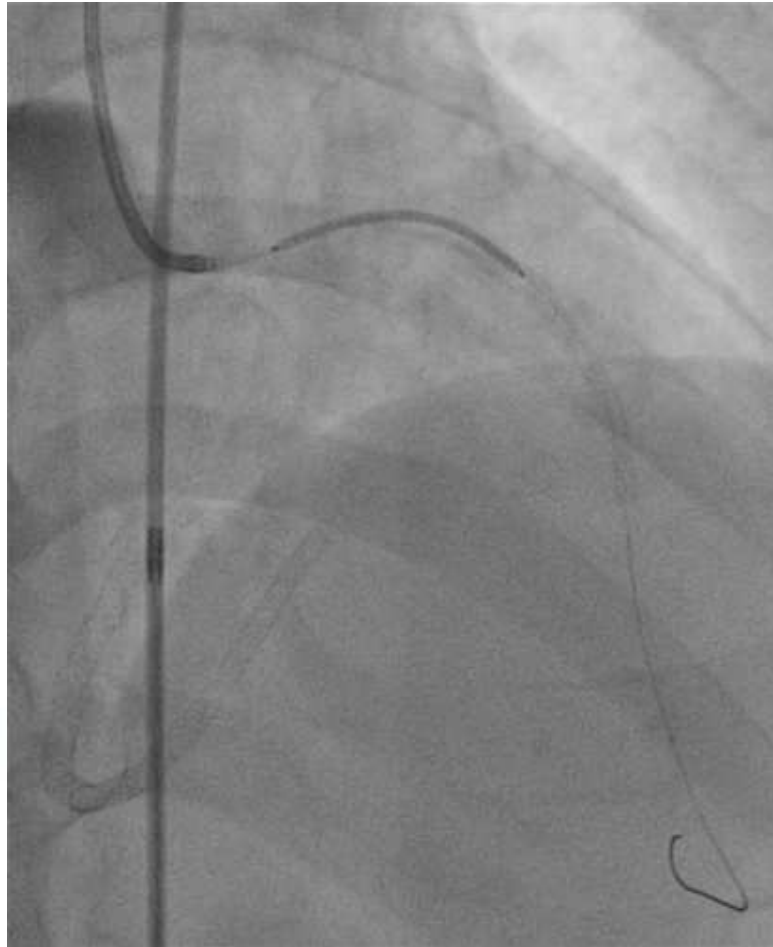
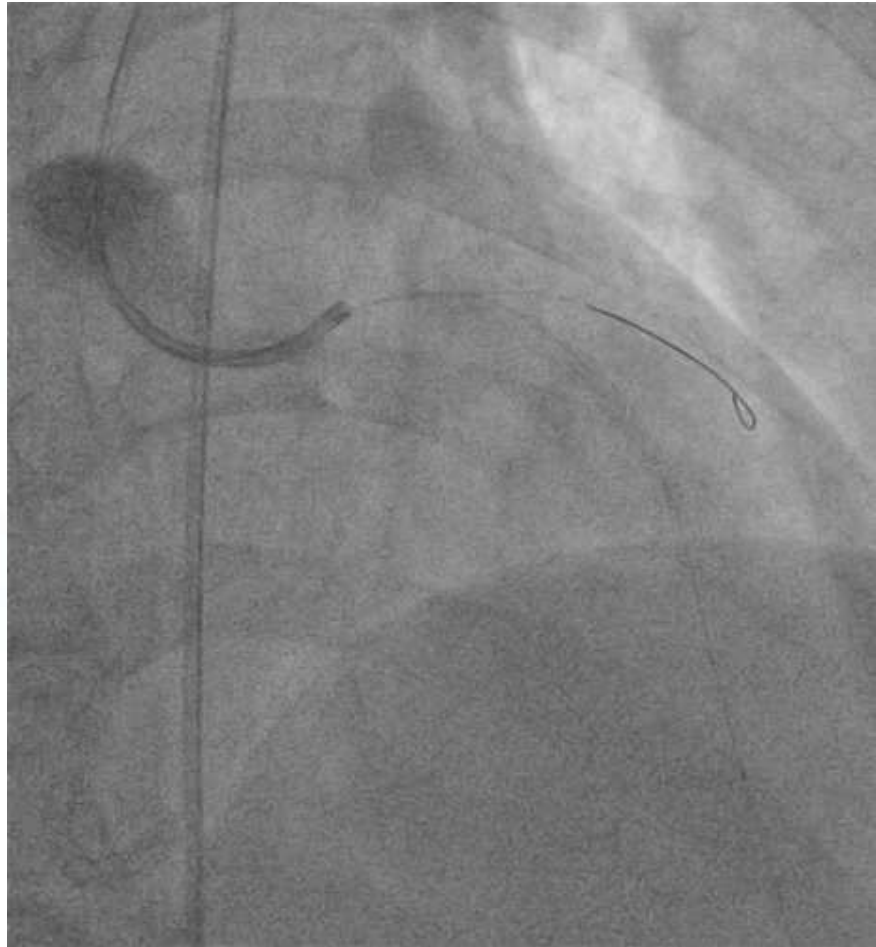
Angioplastie et dissection ostio-proximale sans guide : cas 1



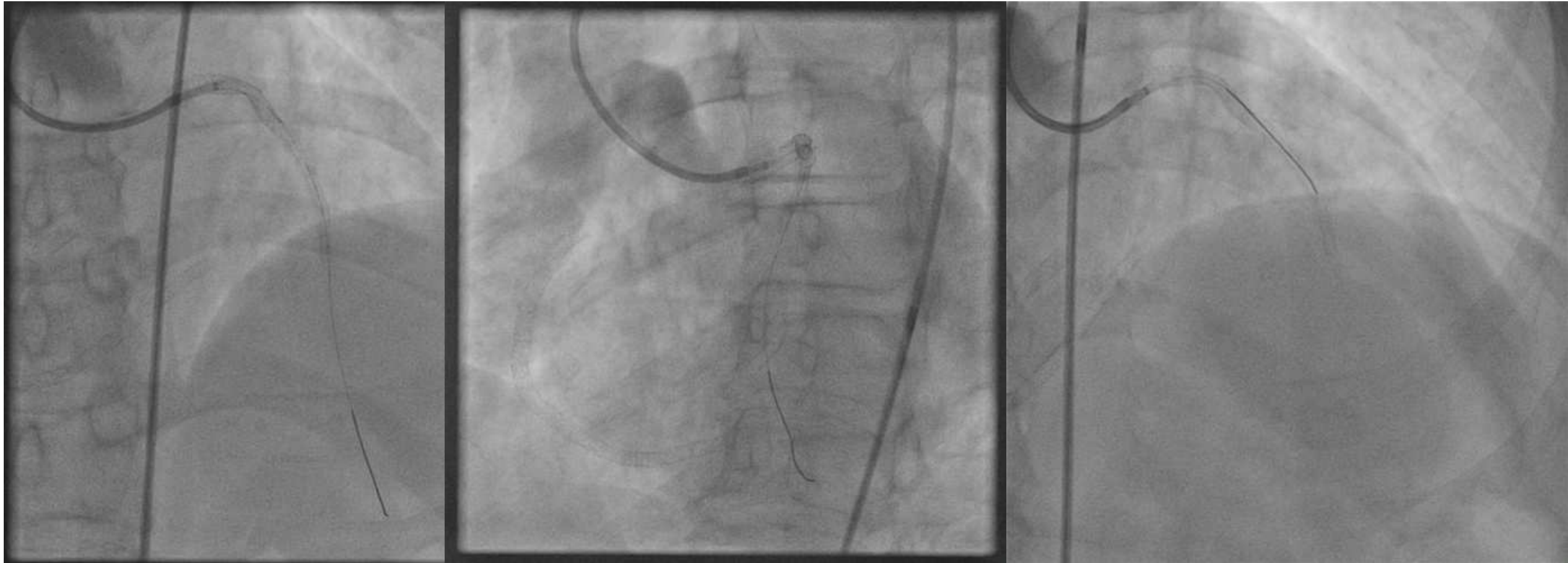
GCE en aval de la porte d'entrée



Angioplastie et dissection ostio-proximale sans guide : cas 1



Angioplastie et dissection ostio-proximale sans guide : cas 1

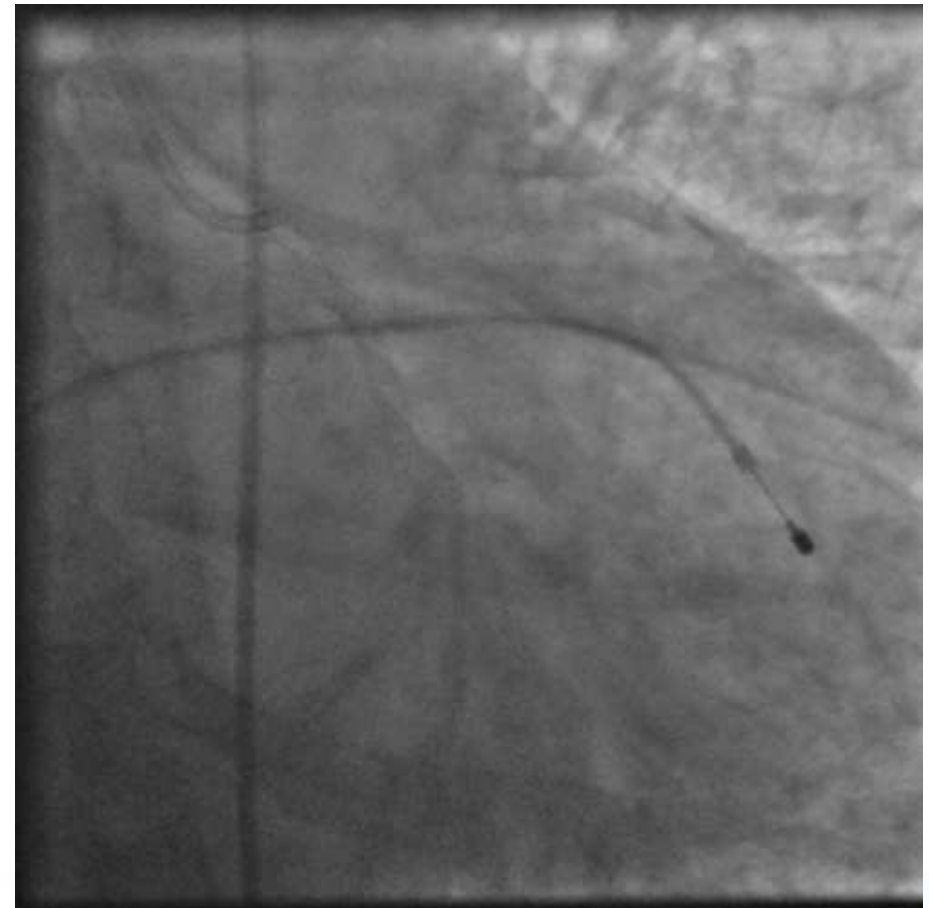
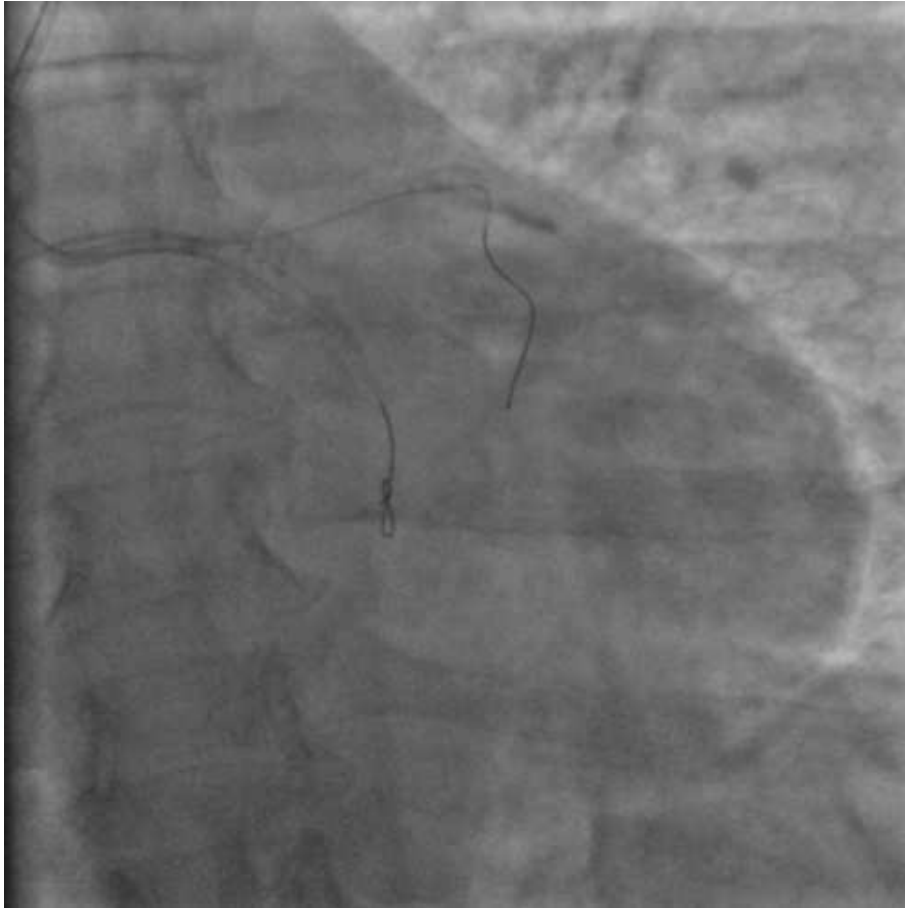


Stent/ porte d'entrée. Hauteur de dissection Ao au dessus du TCG < 4 cm

Angioplastie et dissection ostio-proximale sans guide : cas 2



Angioplastie et dissection ostio-proximale sans guide : cas 2



→ Dissection/ sub intimal shift/ bifurcation: stratégies
d'angioplastie

Dissection ostiale iatrogène

- Appel d'un ami +++++
- Cathéter guide => porte d'entrée de la dissection
- **P° et guidewire avant injection**
- Stent +/- couvert (?)
- Echo cœur